



App. No.: 09/997,103

Atty. Doc. No.: BCS03408 (PD05982AM)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 09/997,103

Inventor: Phillip Kent Freyman et al.

Filing Date: November 27, 2001

Title: Improved Telephony End User Interface In An HFC Access Network

Examiner: Perveen, Rehana

Art Unit: 2116

Atty. Docket No.: BCS03408 (PD05982AM)

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
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AMENDMENT AFTER FINAL

Please enter this as a formal response to the Final Office Action mailed on June 8,
2005.



AF *IPW*

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/997,103
Filing Date	November 27, 2001
First Named Inventor	Phillip Kent Freyman
Group Art Unit	2116
Examiner Name	Perveen, Rehana
Attorney Docket Number	BCS03408 (PD05982AM)

ENCLOSURES

(check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Benjamin D. Driscoll	Registration No.	41,571
Signature	<i>Ben D. Driscoll</i>		
Date	August 8, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING

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Typed or printed name	Carol J. Smith
Signature	<i>Carol J. Smith</i>
Date	August 8, 2005